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The Successful Use of Rituximab, a Monoclonal Antibody, in Pregnancy-Induced Steroid-Refractory Idiopathic Thrombocytopenic Purpura
A Case Report

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Background

Idiopathic thrombocytopenic purpura (ITP) is a rare haematological disorder characterized by a decreased platelet count, which can be particularly challenging to manage during pregnancy due to potential risks to both mother and foetus.

Case

We present a case of a 32-year-old primigravida who experienced an incidental finding of low platelet levels (22, subsequently dropping to 7) during early pregnancy at 12 weeks of gestation. Initial treatment with steroids and intravenous immunoglobulin (IVIG) led to only transient improvement in platelet counts, followed by a rapid decline (platelet count 5).

Considering her concurrent diagnosis of Sjogren's syndrome and the likelihood of secondary ITP, the decision was made to initiate rituximab therapy. Over a span of four treatment cycles, the patient exhibited favourable clinical response with a noteworthy elevation in platelet counts. The therapeutic effect was sustained until vaginal delivery, resulting in a platelet count of 70, and allowed for a reduction in steroid dosage.

Discussion

Throughout the course of her pregnancy, the patient maintained overall obstetric well-being, indicating that rituximab treatment was well-tolerated without any notable adverse events. This case highlights the complex management challenges posed by pregnancy-induced, steroid-refractory ITP with co-existing autoimmune conditions. The successful utilization of rituximab in this context underscores its potential as a therapeutic option for pregnant individuals with similar clinical profiles.

Conclusion

This report emphasizes the significance of a multidisciplinary approach involving haematologists, obstetricians, and rheumatologists in managing pregnant patients with complex immune-mediated conditions. However, further research and larger studies are warranted to establish the safety and efficacy of rituximab in pregnancy-associated ITP and to delineate its potential impact on maternal and fetal outcomes.